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PTO/SB/01 (12-97)  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IT 105
First Named Inventor	Elizabeth M. Denholm
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	December 1, 2000
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ATTENUATION OF FIBROBLAST PROLIFERATION**

the specification of which (Title of the Invention)

☒ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/168,518	12/02/1999	

[Page 1 of 2]

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## ATTENUATION OF FIBROBLAST PROLIFERATION

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**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed belowPlace Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number
Patrea L. Pabst	31,284		
Robert A. Hodges	41,074		
Kevin W. King	42,737		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	Patrea L. Pabst		
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ZIP	30309-3450		
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Fax	(404)873-8795		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Elizabeth M.		Denholm	
Inventor's Signature	Elizabeth M. Denholm		Date
Residence: City	Pointe Claire	State	Quebec
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Post Office Address	2 Victoria Avenue		
Post Office Address			
City	Pointe Claire	State	Quebec
ZIP	H9S 4S3		Country
CANADA			

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

## ATTENUATION OF FIBROBLAST PROLIFERATION

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## DECLARATION

ADDITIONAL INVENTOR(S)  
 Supplemental Sheet  
 Page 1 of 1

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Elizabeth				Cauchon			
Inventor's Signature	Elizabeth Cauchon			Date	November 29, 2000		
Residence: City	Ste. Genevieve	State	Quebec	Country	CANADA	Citizenship	CA
Post Office Address	14750 rue Aunnais 87 rue des Pins						
Post Office Address							
City	Ste. Genevieve	State	Quebec	ZIP	J5V 8L6	Country	CANADA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul J.				Silver			
Inventor's Signature				Date			
Residence: City	Spring City	State	PA	Country	USA	Citizenship	US
Post Office Address	154 Barton Drive						
Post Office Address							
City	Spring City	State	PA	ZIP	19475-3418	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Elizabeth				Cauchon			
Inventor's Signature						Date	
Residence: City	Ste. Genevieve	State	Quebec	Country	CANADA	Citizenship	CA
Post Office Address	14750 rue Aumais						
Post Office Address							
City	Ste. Genevieve	State	Quebec	ZIP	H3H 4Y3	Country	CANADA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul J.				Silver			
Inventor's Signature	<i>Paul J. Silver</i>					Date	11/29/00
Residence: City	Spring City	State	PA	Country	USA	Citizenship	US
Post Office Address	154 Barton Drive						
Post Office Address							
City	Spring City	State	PA	ZIP	19475-3418	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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